Dearness Home Committee of Management

To: **Chair and Members**
Dearness Home Committee of Management
From: **Leslie Hancock, Director of Long-Term Care**
Subject: **Director's Report to the Committee of Management for the Period February 1, 2025, to August 16, 2025**
Date: **September 16, 2025**

Recommendation

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, this report related to the Dearness Home **BE RECEIVED** for information.

Linkage to the Corporate Strategic Plan

The Dearness Home works toward the goal of Leading in Public Service by always seeking to improve services for the residents and their families.

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic.

Analysis

1.0 Background Information:

1.1 Previous Reports Related to this Matter:

- September 17, 2024, Director's Report, June 16, 2024, to August 15, 2024
- December 10, 2024, Director's Report, August 16, 2024, to November 15, 2024
- February 25, 2025, Director's Report, November 16, 2024, to January 31, 2025

2.0 Service Provision Statistics:

Occupancy Average February 1, 2025, to August 16, 2025	Number of Individuals on Waiting List as of July 31, 2025
98.81 %	Basic – 366 Private – 233

3.0 Ministry Inspections/Visits:

A copy of the Public Report that was not available at the Dearness Home Committee of Management meeting on February 25, 2024, can be found under Appendix A.

The Ministry of Long-Term Care visited Dearness Home between March 10 and March 19, 2025, to conduct an inspection regarding a complaint and a Critical Incident report related to staff to resident abuse, and for Critical Incident reports for disease outbreak. Written notifications for non-compliance were issued in relation to Residents' Rights, Right to Freedom from Abuse and Neglect, Reporting Certain Matters to the Director, Infection Prevention and Control Program, Infection Prevention and Control, and Medical Directives and Orders – Drugs. A copy of the Public Report is available at the Dearness

Home Committee of Management meeting on September 16, 2025, and can be found under Appendix B.

The Ministry of Long-Term Care visited the Home between July 29 and August 6 to conduct an inspection regarding Critical Incident reports related to a resident fall and disease outbreak. Written notifications for non-compliance were issued for Reporting Certain Matters to Director, Skin and Wound Care, and Infection Prevention and Control Program. The Ministry has not yet provided the Dearness Home with a copy of the Public Report.

When posted, Public reports from MOLTC can be found at the following link: Home Report

The Ministry of Labour visited the Dearness Home on August 14, 2025, to conduct an inspection for an occupational illness that was reported to the Ministry of Labour in July, and to discuss hazards associated with Legionella growth in water sources. No orders were issued.

Fire Inspections completed by the London Fire Department are current.

4.0 Mandatory and Critical Incident Reporting:

The Ministry of Long-Term Care (MOLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOLTC during the reporting period:

Incident Type and Number (n) of Incidents	Issues	Status
Incident that causes injury to a resident for which the resident is taken to hospital, and which results in a significant change in the resident's health status: • Fall with Injury (4)	A resident fell in lounge area in her Home-area and suffered a broken arm. A resident fell in the hallway near his bedroom and suffered a hip fracture. A resident was found on the floor in her bedroom by staff. She suffered a hip fracture. A resident was discovered on her floor in her bedroom by staff. She suffered a leg fracture.	Each resident fall is reviewed to ensure appropriate actions taken and measures to mitigate risk in place.
Disease Outbreak: • Influenza A (2) • Coronavirus (2)	Influenza A outbreak declared on February 6 on Willow Way (4E) and resolved on February 24. Influenza A outbreak declared on February 20 on Birch Walk (5E) and resolved on March 3.	In each instance of outbreak, daily surveillance and infection control measures put in place to minimize the chance of spread and the duration of outbreak.

Incident Type and Number (n) of Incidents	Issues	Status
• Metapneumovirus (2)	Coronavirus outbreak was declared on February 12 on Pine Grove (4W) and resolved on February 21. Coronavirus outbreak was declared on February 18 on Forest Glen (3W) and resolved on March 13. Metapneumovirus outbreak was declared on April 22 on Birch Walk (5E) and resolved on May 1. Metapneumovirus outbreak was declared on May 21 on Poplar Green (3E) and resolved on June 10.	
• Rhinovirus and Enterovirus	Rhinovirus and Enterovirus outbreak was declared on July 23 on Ash Acres (5W) and Maple Place (2E) and resolved on August 15.	
Missing Resident <= 3 Hours	A resident with cognitive decline left the facility and grounds. Safely returned. No injury was sustained.	All required documentation was completed. Code Yellow policy was followed. Measures initiated to prevent recurrence.
Missing Resident with Injury	A resident with mental health challenges left the facility and grounds. Safely returned. Resident had slight abrasions to knees.	All required documentation was completed. Code Yellow policy was followed. Measures initiated to prevent recurrence.
Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident • Physical • Verbal (2)	Allegation of abusive action by a Dearness Home staff member. Allegations of verbal abuses by Dearness Home staff member.	In each instance, followed City of London/ Dearness Home process detailed in Resident Abuse Policy. Investigations completed, and all appropriate actions taken with staff and residents involved.

5.0 Infection Control:

- The Home has identified the need for a second full-time Infection Prevention and Control (IPAC) Coordinator. Recruitment is underway, and it is anticipated that the position will be filled very soon.
- The Home maintains compliant with the Fixing Long-Term Care Act (FLTCA) and continues to follow best practice guidelines for audits. Approximately 300 audits were completed during this reporting period.
- The IPAC team has reviewed and approved the Home's IPAC Terms of Reference as well as the 2025 IPAC goals, which include:
    - Reducing the incidence of aspiration pneumonia
    - Increasing staff influenza vaccination rates
    - Enhancing housekeeping staff knowledge through targeted education, informed by regular skills evaluations
- In collaboration with the ADOC's Nurse Practitioner and other key team members, the IPAC team continues to provide education through emails, one-to-one sessions, hands-on demonstrations, and ongoing staff support. In-person education sessions are also provided to visitors and volunteers.
- The Home's Nurse Practitioner, Registered Dietitian, and IPAC team have partnered to deliver a three-part Aspiration Pneumonia Education series. This series included:
    - An introduction to aspiration pneumonia
    - Interactive education sessions
    - Training tailored to specific roles (e.g., registered staff, families, and friends)
- The management team identified areas for improvement in documentation practices. As a result, updates were made to frontline staff documentation processes to ensure that all care provided to residents is recorded accurately and in a timely manner, supporting both staff and families.
- In August 2024, the Middlesex London Health Unit (MLHU) conducted a full Home audit, including an immunization fridge audit. All standards were met with no concerns identified. MLHU provided positive feedback on the Home's measles signage and overall cleanliness.
- The IPAC team reviewed and updated the Home's vaccine consent forms. With approval from the Director of Care (DOC) and the Medical Director, a general consent form was introduced to streamline the process and enhance family understanding, highlighting the role of the admission nurse.

6.0 Health and Safety:

Regular monthly inspections were conducted during the reporting period. The Joint Health and Safety Committee (JHSC) meets monthly to discuss findings from the monthly inspections.

7.0 General Updates:

7.1 Highlights in the Recreation Department:

- In February 2025, the Home partnered with the Upper Thames River Conservation Authority (UTRCA) to be the first Long Term Care home to participate in the Stream of Dreams. This eco-education program taught our entire Dearness Community about our local watershed, streams, rivers, and the ocean. As part of this project, we promoted behavioural change to conserve and protect water, empower those who live in, and visit the Dearness Home to make positive environmental impacts, and create a community art legacy by painting recycled fish.
- The Dearness Home Volunteer Coordinator along with the Manager of Community Life, have worked diligently with our Spiritual Care community contacts and the internal registered Dearness Home Spiritual Care Volunteers. We worked to ensure the Spiritual Care programming and supports are available for residents during the Chaplain's leave.

- Our redesigned Annual Satisfaction Survey, that aligns with the Fixing Long-Term Care Act, 2021 that captures questions related directly to the Residents' Bill of Rights, was released to both family and residents on February 3, 2025. Responses were tallied, and a working plan to address any issues under 80% was completed and shared with both Resident and Family Council.
- The Manager of Community Life submitted our Dearness Home residents into the Entertainment Draw for use of the Community Suite at Canada Life Place. The residents enjoyed the Beach Boys Concert on April 2nd, 2025 with the Recreation team.
- The Manager of Community Life completed the uploading of over 4000 documents that met all the required standards for the 2025 Accreditation Survey with the Commission on Accreditation of Rehabilitation Facilities (CARF). The Surveyors attending the Home on June 4th, 5th, and 6th.
- The Home's Volunteer Coordinator recruited 12 new Volunteers to the growing program during this reporting period.
- The Manager of Community Life's team assistant retired after 30+ years of service. We successfully recruited their replacement who started in May.
- Volunteer Appreciation Event took place at Dearness Home on April 28th in the newly renovated Friendship Center. This is the first time we have had the space to host this event here at our Home. We celebrated our Volunteers with lunch and an awards ceremony that celebrated 1-year volunteers up to 40-year volunteers.
- The Dearness Home hosted Elections Canada, to give residents an opportunity to vote.
- Special Projects worked with the team to recruit Dynamix to help with the conversion of our Live video feed to go to our resident's internal closed-circuit TV to be engaged in our special events whether they can attend in person or from their room.
- The Manager of Community Life is one of 6 Gentle Persuasive Approach (GPA) Coaches at the Home. 5 GPA Classes were hosted, and over 65 staff and volunteers on the Gentle Persuasive Approach to Dementia Care were educated.
- In May, we celebrated the amazing work of our Dearness Auxiliary who notably provided the residents and staff a Strawberry Social treat in June.
- The London Free Press and CTV news were on site for the unveiling of the Stream of Dream Fence by the Home's front entrance, created by Residents, Clients, Volunteers & Staff.
- The City of London's Dearness Long-Term Care Home and Adult Day Program & Wellness Centre earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). Staff celebration occurred in August.
- Resident's Council sponsored their first year attending the PRIDE parade which was well received with strong Dearness Volunteer supports. 8 residents were in attendance.
- Residents attended a bull riding event at the Community Suite at Canada Life Place.
- June was senior's month with a musical kick off with Denise Pelley. The rest of the month was fun-packed with Disney Day, Cantorian Choir, Father's Day celebration, Strawberry Social, National Indigenous Peoples Day and many other activities.
- 2 Community Life staff completed their certification in CPR/1st aid.
- In August, the Community Life team gained use of a new software called Welbi. This software will enhance our programs by simplifying workflows, increasing resident engagement, and improving family satisfaction. The software interfaces with our Point Click Care system and our Recreation Coordinators look ahead to September when training and integration is completed so we can enhance our programming with customizable assessments that include comprehensive resident insights, calendar enhancement and the ability for efficient resident attendance and engagement tracking for insightful reports, gap analysis and program performance metrics.

7.2 Highlights in the Dietary Department:

- Special meals were provided for residents on Valentine's Day, Easter, Mother's Day and Victoria Day, and Canada Day, along with themed snacks and placemats.
- Our first in-person Volunteer Appreciation event since 2019 was held and catered by the Nutrition Services Team .
- The Home's full-time registered dietician (RD) took the nutritional lead on the Clinical Pathways project that is underway in the Home.
- New vending machines were sourced and installed for staff, visitors and residents.
- The Home hosted a Fanshawe Student from the Food and Nutrition Management program for 6 weeks.
- Nutrition Services catered for the surveyors during their visit to complete the CARF Accreditation.
- Aspiration Pneumonia education was provided by our RD education lead
- Special Meals were provided for residents on
- A Strawberry Social Event as held, supported and sponsored by the Dearness Auxiliary. Fresh Strawberries and ice cream were provided for all residents and staff using fresh local berries.
- Our new "Around the world" series of meals kicked off with a Chinese inspired meal. Other meals in the series included Korean, Mexican and Poland.
- Changeover to International Dysphagia Diet Standardization Initiative (IDDSI) terminology for fluids; This was the first step in moving forward to the full implementation of the IDDSI standard.
- Updated metrics were tracked for consideration at the Continuous Quality Improvement meetings (CQI). This will give the Home better information when assessing the trends in nutrition status for the residents and the effectiveness of interventions.
- Ongoing recruitment for dietary aides and cooks.
- Dietary manager provided coverage for the Environmental Manager role during the transition period between managers.

7.3 Highlights in the Nursing Department Include:

- At the end of March, our annual mandatory Quality Improvement Plan (QIP) was submitted to Ontario Health. Our Continuous Quality Improvement (CQI) team have chosen, for the 2025/26 QIP, to focus on and address the Ontario Health identified priority areas:
    - Access and Flow, through a view of Potentially Avoidable Emergency Department Visits
    - Resident Experience in terms of "Having a Voice" and "Being Able to Speak Up About the Home"
    - Safety, through a focus on Potentially Inappropriate Antipsychotic Use
    - Falls
    - Equity centred on anti-racism and anti-oppression.

  In accordance with Ontario Health, our team believes that these priority areas are important to the overall health care system. For this QIP, the Dearness Home will strive towards meeting an in- house established respectable Theoretical Best target with respect to ED visits, Resident Experience, and Equity, and the Provincial Benchmark for Potentially Inappropriate Antipsychotic Use and Falls. Our strategic direction and the initiatives that support it also align with our Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Standards and meet the requirements of our Long-Term Care Service Accountability Agreement (LSAA).
- On May 1st, Dearness welcomed a group of six summer nursing students. These students will work from May 1st to early September in the capacity of PSWs. Having

these students over this period helps alleviate shortages and replaces staff during the busier holiday months.

- On May 5th, Dearness participated in the National Day of Awareness for Missing and Murdered Indigenous Women, Girls and 2 Spirited People. Our Director of Care, who is one of the founding members of the Indigenous Employee Resource Group (ERG), led a ceremony, which included a smudge, drumming and singing, while two red dresses were hung in a tree on the front lawn of the Dearness Home. Many of the Indigenous members participated, along with several staff.
- On February 12th the Home transitioned to our new Pharmacy, MediSystems. MediSystem's is affiliated with Shopper's Drug Mart, which we hope will result in improved services for our residents. The staff underwent in-depth training on the new pharmacy processes and policies from early February to the go-live date. The Medisystem's staff were very supportive in the transition, offering education on all multiple staff's shifts, as well as fulsome off-site support after hours and post-go live.
- In July, Dearness began collecting information from the PSW staff regarding which category of PSW they fall under, as set out by the Health and Supportive Care Providers Oversight Authority (HSCPOA). Once received, staff would then be provided with the necessary documents to register with the HSCPOA. The collection of this information is in line with the recent amendments to PSW qualifications (section 52) in Ontario Regulation 246/22 (the Regulation) under the Fixing Long-Term Care Act, 2021. PSW qualifications must now be fully aligned with the PSW registration pathways under the HSCPOA, 2021. As part of these amendments, the PSW grandparenting provisions were removed from the Regulation (previously 52(3)(b) and (g) under the Regulation). This means that PSWs who are working under those grandparenting provisions have two options to remain working as a PSW in the long-term care sector past December 1, 2027 – they must register or upskill by December 1, 2027. If PSWs who are working under the grandparent provision choose not to pursue either of these options, they cannot work in LTC after December 1, 2027. By January 1, 2026, the Home must be compliant in demonstrating all PSW staff would be eligible for registration with the HSCPOA. At the time of writing, approximately 70% of PSW staff have returned their forms and received their documents to successfully register.
- In early August, consistent with the Ontario Health at Home (OHAH) timeline, Dearness transitioned away from requiring all new admissions to have a chest x-ray completed to rule out Tuberculosis (TB), or for those under 65 years of age, a TB skin-test completed, within 14 days of admission. The new process involves a symptom and risk screen only, completed by the OHAH Care Coordinator prior to admission. This information is then shared with the Home. If the potential resident screens positive for symptoms or is high risk, a chest x-ray will then be completed prior to admission. High risk is defined as an individual who has lived in or visited a country that is listed as a World Health Organization high TB burden country, for 3 months or longer, or those who are immunocompromised (e.g., people living with HIV, silicosis, stage 4 or 5 chronic kidney disease with or without dialysis, transplant recipients, fibronodular disease, receiving immunosuppressing drugs such as TNF-alpha inhibitors or steroids, cancer, diabetes, heavy alcohol use of at least 3 drinks/day, or heavy tobacco cigarette smoker of at least 1 pack/day).

7.4 Highlights in the Environmental Department Include:

- The Home had a successful annual Fire alarm Testing, as well as an annual Electrical Inspection during the reporting period.
- The Home completed its annual equipment Preventative Maintenance inspection.
- A new Full Time Staff was hired to complete the team.
- A fence was installed along front of Home for the installation of the Stream of Dreams project.
- The parking lot power sweeping was completed.
- JPW Industries completed the annual audit of the doors some were made.

- Flat roof areas restoration project started in August, to significantly extend the life of the roofs without total replacement.
- An elevator replacement project was launched in July.

Submitted by: **Leslie Hancock, Director, Long Term Care**
Recommended by: **Leslie Hancock, Director, Long Term Care**
Concurred by: **Kevin Dickins, Deputy City Manager, Social and Health Development**

CC: S. Datars Bere, City Manager
J. Millman, Senior Financial Business Administrator
L. Marshall, Solicitor
A. Hagan, Manager, Labour Relations
K. Beaune, Employee Relations Advisor

Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 30, 2025

Inspection Number: 2025-1539-0001

Inspection Type:
Critical Incident

Licensee: The Corporation of the City of London

Long Term Care Home and City: Dearness Home for Senior Citizens, London

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 27 to 30, 2025

The following intakes were inspected:

- Intake #00134639/Critical Incident Report System (CIS) #514-000017-24 regarding allegations of improper care of a resident
- Intake #00136318/CIS #514-000001-25 regarding infection prevention and control

The following **Inspection Protocols** were used during this inspection:

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident had a weekly skin assessment documented when an area of altered skin integrity was identified.

Electronic documentation for a resident did not demonstrate that an assessment was documented over a period of 18 days in January 2025. Staff #102 recounted in an interview that the resident was assessed as directed, but the assessments were not documented in the resident's electronic medical record. Furthermore, the home's policy, Skin Care Program Overview, directs staff to complete and document weekly skin assessments until impaired skin has healed or closed.

Sources: record review of electronic medical record for resident and LTCH policy Skin Care Program Overview; interview with staff #102

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2)

The licensee has failed to ensure that several residents had symptoms of infection monitored every shift over a period of three weeks in December, 2024 and January, 2025. Staff #103 recounted in an interview that staff are expected to monitor residents on every shift. The home's policy, Infection Surveillance and Control, directs staff to monitor resident for signs and symptoms of infection on a daily basis and to document daily on symptoms.

Sources: review of LTCH policy Infection Surveillance and Control and electronic medical record for several residents; interview with staff #103

Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 21, 2025

Inspection Number: 2025-1539-0003

Inspection Type:
Complaint
Critical Incident

Licensee: The Corporation of the City of London

Long Term Care Home and City: Dearness Home for Senior Citizens, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 10, 11, 12, 13, 14, 17, 19, 2025.
The inspection occurred offsite on the following date(s): March 18, 2025.
The following intake(s) were inspected:

- Intake: #00139688/Critical Incident Systems (CIS) report #M514-000003-25 related to staff to resident abuse;
- Intake: #00140350/CIS #M514-000006-25 related to a disease outbreak;
- Intake: #00140518/CIS #M514-000007-25 related to a disease outbreak;
- Intake: #00140519/#M514-000008-25 related to a disease outbreak;
- Intake: #00141099/Complaint related to staff to resident abuse.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to comply with any standard or protocol issued by the Director with respect to infection prevention and control.

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes 6.1 dated April 2022, states the licensee shall make PPE available and accessible to staff and residents, appropriate to their role and level of risk.

Specifically, Personal Protective Equipment (PPE) was not accessible for staff if they needed to provided care to a resident who was on additional precautions.

A Personal Support Worker (PSW) ensured an isolation caddy stocked with PPE was put outside the resident's doorway.

Sources: IPAC observations in the home, review of resident's clinical records, the home's "Contact Precautions" policy #IC-03-01-11 updated November 20, 2023; and

interviews with a PSW and IPAC Manager #106.

Date Remedy Implemented: March 10, 2025

WRITTEN NOTIFICATION: Residents' Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 1.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

A) The licensee has failed to ensure a resident was treated with courtesy and respect by a staff member during an interaction, when the resident felt their inherent dignity, worth and individuality were not supported.

Sources: The home's investigation notes, e-mail correspondence; and interviews with resident and staff.

B) The licensee has failed to ensure a resident was treated with courtesy and respect by a staff member.

The resident stated on several occasions that they felt harassed and bullied by the staff member. The resident stated they did not know why the staff member could not speak with them nicely.

Sources: Review of a complaint, a Critical Incident Systems (CIS) report, the home's investigation notes; and interviews with the resident, the complainant, the Administrator and other staff.

C) The licensee has failed to ensure that a resident was treated with courtesy and respect.

The resident stated they were surprised by how the staff member spoke to them.

Sources: Review of a complaint, a CIS report, the home's investigation notes; and interviews with the resident, the complainant, the Administrator and other staff.

WRITTEN NOTIFICATION: Right to Freedom From Abuse and Neglect

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 4.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
4. Every resident has the right to freedom from abuse.

The licensee has failed to ensure that a resident's right to freedom from abuse was upheld by staff of the home when the resident displayed responsive behaviours.

Sources: The home's internal investigation notes and a Critical Incident System Report, interview with staff and the resident's clinical records.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a staff member who had reasonable grounds to suspect that another staff member abused two residents, failed to immediately report it to the Director.

A) A staff member submitted a complaint to the Administrator with allegations that they had witnessed a staff member be abusive towards a resident. The staff member reported the allegations approximately two months after the alleged incident occurred.

B) A staff member submitted a complaint to the Administrator with allegations that they had witnessed the same staff member be abusive towards a resident. The staff member reported the allegations approximately four months after the alleged incident occurred.

Sources: Review of Critical Incident Systems reports, the home's "Abuse Staff To Resident" policy ADMI-02-02-04 updated November 25, 2024; and interviews with residents, the complainant, the Administrator and other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to comply with any standard or protocol issued by the Director with respect to infection prevention and control.

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes 9.1 (f) dated April 2022, states, the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection application, removal and disposal.

Specifically, a Personal Support Worker (PSW) disposed of a brief and dirty linen from a resident who was on additional precautions, then proceeded to open a drawer of the isolation caddy prior to removing their dirty gloves.

Sources: IPAC observations of the home; review of resident #003's clinical record, the home's "Routine & Standard Precautions" policy IC-02-01-01 updated August 12, 2024; and interviews with a PSW and IPAC Manager #106.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure when two residents developed an infection, that symptoms of infection were recorded on every shift.

A) A resident was put into isolation and several infection follow up notes were missing. The resident then developed an infection and treatment was initiated. There were several infection follow up notes missing during the time the resident had an infection.

B) A resident developed an infection and treatment was initiated. There were several infection follow up notes missing during the time the resident had an infection. The resident was put into isolation on a different date, and an infection follow-up note was missing on one shift.

Sources: Review of residents' clinical records, the home's "Infection Surveillance and Control" policy IC-03-01-01 updated January 29, 2025; and an interview with Infection Prevention and Control Manager #106.

WRITTEN NOTIFICATION: Medical Directives and Orders — Drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 126 (b)
Medical directives and orders — drugs
s. 126. Every licensee of a long-term care home shall ensure that,
(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs.

The licensee has failed to ensure that physician's orders for the administration of drugs for two residents were individualized to the residents' condition and needs.

Two residents were started on a specific drug, but the physician's order did not indicate the reason the resident was receiving the drug.

Sources: Review of resident's clinical records; and interview with Infection Prevention and Control Manager #106.